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Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				<i>Complete if Known</i>	
				Application Number	
				Filing Date	
				First Named Inventor	
				Group Art Unit	
				Examiner Name	
Sheet	1	of	1	Attorney Docket number	2532-00277

[illegible][illegible]

OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)

Examiner Signature	Date Considered
	
<p>*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to client.</p>	